

## Healthy Options Benefits

Contract year 2008-2009

The list below describes benefits (services) covered for Medicaid clients enrolled in managed care through the Healthy Options (HO) program. This list is not all inclusive. Generally, the scope of service for Medicaid clients is the same whether a client is enrolled in HO or not. **Healthy Options Plans make their own medical necessity determinations and maintain their own authorization methods and billing requirements.** For additional information, please see the HO/SCHIP contract at the following website:

<http://fortress.wa.gov/dshs/maa/healthyoptions/> or; send your questions via e-mail to: [hresaqcm@dshs.wa.gov](mailto:hresaqcm@dshs.wa.gov).

### What do the abbreviations mean?

**ADSA** = Aging & Disability Service Administration  
**CMHC** = Community Mental Health Center  
**DASA** = Division of Alcohol & Substance Abuse  
**DSHS** = Department of Social & Health Services  
**EPSDT** = Early & Periodic Screening, Diagnosis & Treatment

**ER**=Emergency Room  
**HO**=Healthy Options  
**HRSA**=Health and Recovery Services Administration  
**RSN**=Regional Support Network  
**SCHIP** = State Children's Health Insurance Program  
**PCP**=Primary Care Provider

BENEFIT/SERVICE	COVERED BY	COMMENTS/REFERENCES
Abortions	HO plan or DSHS	See <a href="#">Pregnancy Terminations</a> .
Acupuncture	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Adult Day Health	DSHS	See <a href="#">Adult Day Health</a>
Ambulance Services (including air)	HO plan	Emergent only or when transporting between facilities.
Ancillary services provided in association with a noncovered service	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Antigen (allergy serum)	HO plan	
Any Service specifically excluded by federal or state law	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Audiology Tests	HO plan	
Bariatric Surgery	DSHS	See <a href="#">Weight Loss Treatment (Surgery)</a>
Biofeedback Therapy	HO Plan	Limited to plan requirements
Birth Control		See <a href="#">Family Planning</a> .
Birth Defects (Congenital Anomalies)	HO plan	See <a href="#">Cosmetic Surgery</a> .
Blood Products	HO plan	Covered are blood, blood components, human blood products & their administration.
Bone-anchored hearing aid	HO Plan	When determined medically necessary by the plan, surgery includes the hearing device.
Braces (Orthopedic)	HO plan	See <a href="#">Nondurable Medical Supplies &amp; Equipment (MSE) Billing Instructions</a> .
Braces (Orthodontics)	DSHS	See <a href="#">Dental Program</a> Billing Instructions.
Breast Implant Removal	HO plan	When medically necessary, not for cosmetic reasons.
Breast Pumps	HO plan	
Breast Reductions	HO plan	When medically necessary, not for cosmetic reasons.
Cardiac Management	HO plan	
Chemical Dependency (CD) Services, inpatient, outpatient &	DSHS at DASA certified agencies	The DASA facility must coordinate medical care services with the HO plan (see <a href="#"># memo 02-83</a> ). The HO plan is

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detoxification		responsible for any inpatient or outpatient medically necessary treatment needed (e.g. lacerations, malnutrition, dehydration, cirrhosis) resulting from or associated with the chemical dependency, even if service is provided at a DASA treatment center.
Chemotherapy	HO plan	
Childbirth Classes	DSHS	When referred by First Steps worker.
Chiropractic Care	HO plan	Benefit is for children only (age 20 and under) with referral from PCP as result of EPSDT services. See <a href="#">Spinal manipulations</a> .
Cochlear Implants	HO plan	Includes repairs and replacement parts such as battery packs, cables, speech processors, etc.
Community Based Services	DSHS - with approval by ADSA 1-800-422-3263	Includes Home and Community Based services, such as COPES and Personal Care Services.
Contraceptives		See <a href="#">Family Planning</a> .
Court-Ordered Services That Are Not Medically Necessary	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a> This exclusion applies to services requested merely for forensic or legal reasons.
Cosmetic Surgery	HO plan	<b>ONLY WHEN</b> - Cosmetic, reconstructive, or plastic surgery, and related services and supplies are provided to correct physiological defects from birth, illness, or physical trauma, or for mastectomy reconstruction for post cancer treatment
Diapers, Pull-ups & Incontinence Supplies	HO plan	Plan determines medical necessity.
Dental Care	DSHS	See <a href="#">Dental Program for Adults</a> See <a href="#">Dental Program for age 20 and under</a> See <a href="#">ABC Dental Program</a> <b>NOTE:</b> DSHS covers only services with dental diagnosis when performed by dental provider including physical exams required prior to hospital admissions for oral surgery and the anesthesia for dental care. DSHS also covers: <ol style="list-style-type: none"> <li>1. fluoride treatments (D1203 and D1204)</li> <li>2. limited oral evaluations (D0120)</li> <li>3. family oral health education (D9999)</li> </ol> according to the instructions in the <a href="#">ABC Dental Program Billing Guide</a> . The plan covers all other services with dental diagnosis when performed by other than a dental provider.
Diabetic Supplies	HO plan	
Dialysis	HO plan	

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Ear or body piercing, tattoos or tattoo removal	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Eating Disorders	HO plan	When medical necessity is determined. <a href="#">Also See Weight Loss Treatment</a>
Electro-convulsive Therapy (ECT)	HO plan or DSHS	Plan pays when part of a plan provided mental health treatment performed in an outpatient setting. DSHS pays when service performed in an inpatient setting or as part of treatment by a RSN. See <a href="#">Mental Health</a> .
Emergency Services	HO plan	Includes medications prescribed and mental health diagnoses treated at the ER.
EPSDT	HO plan	See <a href="#">EPSDT Billing Instructions</a> . Also see <a href="#">Fluoride treatment</a> . <b>EXCEPTION</b> - DSHS covers Topical Fluoride varnish application (Code D1203) provided by the PCP and billed separately to DSHS.
Experimental or Investigational Services	HO plan	Determination is made by the plan on a case-by-case basis. If service is determined to be Experimental or Investigational it is not covered.
Eye Exams	HO plan	Client must use plan's provider network. Limited to one exam for adults every 24 months and every 12 months for children (age 20 and under). Can be more frequent if determined medically necessary by the HO plan.
Eyeglasses, Contact Lenses & Fittings	DSHS	Broker supplies hardware through DSHS provider. See <a href="#">Vision Care Billing Instructions</a> .
Eye Training (Orthoptic)	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Family Planning Services	HO plan or DSHS Family Planning Provider	Client has choice of either going to a DSHS Family Planning Clinic or using the HO network of providers. When the Family Planning clinic is part of the HO plan provider network, the plan is responsible for payment. <ul style="list-style-type: none"> <li>• Prescriptions written by DSHS Family Planning Provider covered by DSHS.</li> <li>• Prescriptions written by HO plan provider covered by HO plan.</li> <li>• Emergency contraceptive counseling is covered by DSHS if HO plan doesn't cover it.</li> </ul> For additional information, see the <a href="#">Family Planning Billing Instructions</a> .
Fertility, infertility or sexual dysfunction testing, care, drugs and treatment.	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Fluoride Treatment Prescription – (liquid or tablets)	HO Plan or DSHS	HO plan - When prescribed by physician (PCP) after an EPSDT exam/screening DSHS - When prescribed by a dentist.
Hair transplants, removal or	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>

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electrolysis		
Hearing Aid Devices	DSHS	See <a href="#">Hearing Aid Services</a> Billing Instructions.
Herbal therapy or Homeopathy	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
HIV/AIDS screening	HO plan or DSHS	Client has choice. HO plan - when provided by a network provider. DSHS - when provided at the local Health Department or Family Planning Clinic.
Home Health Agency	HO plan	Must be approved by health plan
Hospice	HO plan	Must be approved by health plan
Hospital, Inpatient	HO plan	Coverage based on enrollment status at time of admission through discharge.
Hospital, Outpatient	HO plan	
HPV (Gardasil) Vaccine	HO plan, local health department or family planning clinic	<b>Effective Jan 1, 2008</b> – The HO plan covers Gardasil for clients as any other state supplied vaccine to include clients age 19-20. See <a href="#">Physician Related Services</a> Billing Instructions. Section C under EPSDT services.
Immunizations/ Vaccinations	HO plan or local health departments	See <a href="#">Physician Related Services</a> Billing Instructions. Section C under EPSDT services. <b>Vaccines for international travel purposes only are NOT COVERED.</b>
Incarcerated Clients	Provider bills the agency that has legal custody of the client.	Incarceration begins when the client is taken into legal custody.
Interpreters, Medical	DSHS	The provider must arrange for the interpreter when needed. See <a href="#">Interpreter Services</a> website for more information.
Laboratory Services	HO plan	<b>EXCEPTION</b> - The RSN covers lab services related to medication management prescribed by RSN providers.
Mammograms	HO plan	See <a href="#">Women's Health Care</a> .
Marital Counseling	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Massage Therapy	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a> <b>EXCEPTION</b> - Covered when performed by a Physical Therapist as part of a therapeutic procedure. Massage Therapists alone are not DSHS approved providers. See <a href="#">Physical Therapy</a> Billing Instructions.
Maternity & Prenatal Care	HO plan	See <a href="#">Women's Health Care</a> .
Maternity Support Services	DSHS	Part of the DSHS First Steps Program – Call (800) 322-2588 or go to: <a href="#">First Steps</a> for more information.
Medical Supplies (nondurable)	HO plan	See <a href="#">Nondurable Medical Supplies and Equipment</a> Billing Instructions.
Mental Health, Inpatient Psychiatric Care and Crisis services	DSHS through the RSN	Must be authorized by a mental health professional of the RSN. See HRSA numbered Memo <a href="#">03-87</a> Regional Support Network Contacts for Psychiatric Hospitalization.

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Mental Health, Outpatient Treatment	HO plan when client does not meet RSN Access to Care Standards  RSN when the client meets Access to Care Standards	Limited Service based on medical need. The services through HO plan include: <ul style="list-style-type: none"> <li>Up to 12 hours of treatment per calendar year for adults</li> <li><b>Effective July 1, 2008</b> - Up to 20 hours of treatment per calendar year for children</li> <li>Psychological testing and evaluation once every 12 months for adults 21 and over, or as needed if identified by EPSDT screens for children 20 years old and under.</li> <li>Medication management is also covered and is not included in the limited hours for treatment.</li> <li><b>Effective July 1, 2008</b> – Children under 5 years of age being prescribed medication must have a second opinion from a Psychiatrist to approve the medication.</li> </ul> <a href="#">RSN Access to Care Standards</a>
Naturopathy	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Neurodevelopmental Center Services	DSHS when obtained at approved centers	See the <a href="#">Neurodevelopmental Centers</a> . (You can access the web sites from this location). <a href="#">Billing Instructions</a>
Neurodevelopmental Therapy including: Occupational; Physical; Speech Therapies	HO plan	When <b>not</b> provided in a Neurodevelopmental Center facility.
Nonmedical equipment	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Nutritional Counseling	HO plan	Includes specific conditions such as high blood pressure, anemia, diabetes; and children with certain criteria. See <a href="#">Enteral Nutrition</a> Billing Instructions.
Occupational Therapy	HO plan	Covered for both rehab and developmental reasons.
Organ Transplants	HO plan	
Orthotics	HO plan	
Out-of-Area Care	HO plan	Emergency Care is covered without HO plan referral. Other care must be medically necessary and approved by HO Plan. Temporary out of area coverage is up to 90 days.
Oxygen & Respiratory Services	HO plan	Including humidifiers related to the service. See <a href="#">Oxygen Program Billing Instructions</a>

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Pathology Services	HO plan	
Pharmacy Services (includes antigens & allergens, nutritional supplements and supplies, FDA approved contraceptive drugs, supplies, devices and over-the-counter products)	HO plan	HO plan's drug formulary must be therapeutically equivalent to DSHS (but not necessarily the same drugs). <b>EXCEPTION</b> - Prescriptions from DASA, CMHC, family planning clinics, health departments (for family planning or STDs) or dental providers should be billed to DSHS. See <a href="#">Protease Inhibitors</a> also covered by DSHS. See <a href="#">Prescription Drug Program</a> Billing Instructions.
Physical Medicine & Rehabilitation	HO plan	Must be approved by health plan
Physical Therapy	HO Plan	Covered for both rehab and developmental reasons.
Physicals	HO plan	Once a year for adults and according to periodicity schedule (EPSDT) for children. <b>EXCEPTION:</b> Not covered for program eligibility, insurance, employment, Social Security disability. <b>NOTE:</b> Sports physicals alone are not a covered benefit.
Physician Services	HO plan	Must use participating providers with plan. Plans may require approved referrals – Check HO plan policy.
Prenatal Genetic Counseling	DSHS	See <a href="#">Prenatal Diagnosis Genetic Counseling</a> Billing Instructions.
Pregnancy Terminations, Involuntary	HO plan	
Pregnancy Terminations, Voluntary	DSHS	Includes follow-up care for any complications. See <a href="#">Family Planning</a> Billing Instructions.
Private Duty Nursing	HO plan	
Protease Inhibitors	DSHS	
Radiology & Medical Imaging Services	HO plan	
Reconstructive Surgery after Mastectomy	HO plan	
Sexually Transmitted Diseases (STD) Treatment	HO plan or DSHS when service provider is the local Health Department or Family Planning Clinic	Member can choose HO plan network provider or go directly to the local health department or family planning clinic for treatment. Prescriptions written by Health Department or Family Planning Clinic are also paid by DSHS.
School Medical Services	DSHS	Only for a Special Ed student with an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).
Skilled Nursing Facility (SNF)	HO plan or DSHS after approval by ADSA	Plan covers SNF when approved in lieu of hospitalization until approval by ADSA 1-800-422-3263.

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Smoking Cessation	HO plan	<b>Limited Benefit</b> - Covers pregnant women through 60 days post-pregnancy. <b>Effective July 1, 2008</b> – Smoking Cessation is covered for all clients based on health plan's policies.
Speech Therapy	HO Plan	Covered for both rehab and developmental reasons.
Spinal Manipulations	HO plan	<b>Limited Benefit</b> - Ten (10) spinal manipulations per calendar year are covered by the HO plan, only when performed by a plan Doctor of Osteopath (D.O.).
Sterilizations, age 21 and over.	HO plan	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered. See <a href="#">Family Planning</a> Billing Instructions.
Sterilizations, under age 21	DSHS	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered. See <a href="#">Family Planning</a> Billing Instructions.
Supplemental Nutrition/Infant Formula	HO plan	May require referral and authorization by HO plan to determine medical necessity. See <a href="#">Enteral Nutrition Program</a> Billing Instructions.
Temporomandibular Joint (TMJ) Disorder for Adults	<b>Not covered by HO plans</b>	Contract Section 14.14.5.11
Transportation, for medical non-emergency services	DSHS	Call 1-800-562-3022 for current list of <a href="#">Transportation Brokers</a> or access this information on the internet.
Tuberculosis (TB) Screening & Follow-up	HO plan	<b>EXCEPTION</b> - DSHS covers services when provided by local Health Department.
Weight Loss Drugs	<b>Not covered</b>	<a href="#">WAC 355-501-0070</a>
Weight Loss Treatment (Surgery)	HO plan/DSHS	The HO plan is only responsible for the initial assessment services as described in <a href="#">WAC 388-531-1600</a> . NOTE: Except as provided in WAC 388-531-1600, weight reduction and control services, procedures, treatments, devices, drugs, products, gym memberships, equipment for the purpose of weight reduction, or the application of associated services are <b>NOT COVERED</b> .
Women's Health Care	HO plan	Services must be obtained from the HO plan's network of providers and include follow-up treatment for any problems discovered. See <a href="#">Family Planning</a> .